

FOR  
FCC  
USE  
ONLY

FCC 304-A

**CERTIFICATION OF COMPLETION OF  
CONSTRUCTION FOR A  
MULTIPOINT DISTRIBUTION SERVICE STATION**

FOR COMMISSION USE ONLY

FILE NO.

**SECTION I - GENERAL AND FEE INFORMATION**

1. LEGAL NAME OF LICENSEE

MAILING STREET ADDRESS OR P.O. BOX

ATTENTION:

CITY

STATE OR COUNTRY (if foreign address)

ZIP CODE

TELEPHONE NUMBER (include area code)

CALL LETTERS

OTHER FCC IDENTIFIER (If applicable)

2. A. Is a fee submitted with this application?

☐

Yes

☐

No

B. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114) and go to Question 3.

☐

Governmental Entity

☐

Nonfeeable Application

C. If Yes, provide the following information:

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Application Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C).

(A)

(B)

(C)

(D)

FEE TYPE CODE			FEE MULTIPLE				FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FEE PAYOR ID	FOR FCC USE ONLY
						\$			

**CERTIFICATION OF FILING**

3. This filing is for a:

☐

Certification of new station

☐

Modification pursuant to 47 C.F.R. Section 21.42

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Certification of modification of license pursuant to  
47 C.F.R. Section 21.40 or 21.41

☐

Amendment to pending certification

4. The proposed station is associated with which type of protected service area? (check one)

☐

Circular protected area, 56.33 kilometers (35 mile) radius. Enter the geographic coordinates of the center of circular protected area. (Check South Latitude or East Longitude boxes if applicable.)

North Latitude  
(DD-MM-SS)

or

☐

South Latitude

West Longitude  
(DD-MM-SS)

or

☐

East Longitude

° ' "

° ' "

☐

Basic Trading Area (BTA) or one of the six additional BTA-like areas.

BTA market number:

BTA Name (City State)

☐

Partitioned service area (PSA). Enter PSA counties or other description.

**CLASSIFICATION OF FILING (continued)**

5. Type of station: (check one)

☐

MDS Station

☐

Signal booster station

**LICENSE AND STATION LOCATION INFORMATION**

6. Channel(s): \_\_\_\_\_ or Channel Group: \_\_\_\_\_

7.a. Conditional License File No.:	b. Date of Grant:
8.a. Date Construction Completed:	b. Date Service to Commence:

9. Street address or other description of antenna site

10. City	11. State	12. County
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13.a. Antenna Structure Height	b. Building Height	c. Ground Elevation	d. Center of Radiation	e. Service Area
meters	meters	meters	meters	

14. Transmitting antenna site coordinates (check South Latitude or East Longitude boxes if applicable)

North Latitude (DD-MM-SS)      or      ☐ South Latitude      West Longitude (DD-MM-SS)      or      ☐ East Longitude  
 °   '   "      °   '   "

15. Is the transmitter "type-accepted"?

☐

Yes

☐

No

16. a. Has a 47 C.F.R. Section 21.42 modification been made?

☐

Yes

☐

No

If "No," go to Question 17.

b. If "Yes," identify 21.42 subsection to describe the modification (e.g. 21.42(c)(3)):

c. If the modification was made pursuant to subsection (c) of 47 C.F.R. 21.42,

(1) Do the cumulative effects of all facility changes made within any 60-day period exceed the appropriate values prescribed at 47 C.F.R. Section 21.42(c)?

☐

Yes

☐

No

(2) Was the Commission notified of the modifications within 30 days by the filing of a completed FCC Form 304?

☐

Yes

☐

No

(a) If "Yes" provide the date on which the FCC Form 304 was filed with the Commission:

(b) If "No," provide the date on which the modification was made. If the modification was made within the 30 days immediately preceding the submission of this FCC Form 304A, a completed FCC Form 304 must be attached to this certification.

(3) Was a copy of the FCC Form 304 and any related interference analyses served on those parties required by 47 C.F.R. Section 21.902?

☐

Yes

☐

No

If "Yes," provide date(s) served:

**CONTACT REPRESENTATIVE**

17. Name of Contact Representative (If other than applicant)		Telephone Number (include area code)	
Firm or Company Name			
Mailing Street Address or P.O. Box			
City		State	ZIP Code

**CERTIFICATIONS****18. Certification of Person Responsible for Preparing Engineering Information Submitted in this Form.**

I certify that I am responsible for the preparation of the engineering information contained in this form, that I am familiar with 47 C.F.R. Part 21 and have either prepared or reviewed the engineering information submitted in this form, and that it is complete and accurate to the best of my knowledge.

Date	Type or Print Name of Person Certifying	Signature	
Firm or Company Name			
Mailing Street Address or P.O. Box			
City	State	ZIP Code	Telephone Number (include area code)

**19. Certification of Applicant**

I am familiar with 47 C.F.R. Part 21 and have either prepared or reviewed the information submitted in this FCC Form 304A. The licensee waives any claim to the use of any particular frequency of the electromagnetic spectrum as against the regulatory power of the United States because of previous use of the same, whether by license or otherwise. All statements made in the attached exhibits are a material part hereof and are incorporated herein as if set out in full in this form. The undersigned, individually and for the licensee, hereby certifies that construction of the facilities as authorized has been completed, the station is now operational and ready to provide service to the public and will remain operational during the license period, unless the license is submitted for cancellation, and that the statements made in this application are true, complete and correct to the best of the signer's knowledge and belief, and are made in good faith.

By checking Yes, the applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits (including FCC benefits) pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b). Failure to check "Yes" may cause dismissal of your FCC Form 304A or automatic forfeiture of your station authorization.

☐ Yes ☐ No

Date	Applicant (Must correspond with that shown on Page 1)	
Signature	Type or Print Name of Person Signing	
	Title (Position Held by Person Signing)	

**WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION (U.S. CODE, TITLE**